NATIONAL DEFENSE UNIVERSITY
NATIONAL WAR COLLEGE

HEALTH CRISIS IN POLAND
INTERNATIONAL IMPLICATIONS

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GEOSTRATEGIC CONTEXT
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Report Documentation Page

Form Approved
OMB No. 0704-0188

1. REPORT DATE	2. REPORT TYPE	3. DATES COVERED
2001		**00-00-2001 to 00-00-2001**

4. TITLE AND SUBTITLE	5a. CONTRACT NUMBER
Health Crisis in Poland International Implications	5b. GRANT NUMBER
	5c. PROGRAM ELEMENT NUMBER
6. AUTHOR(S)	5d. PROJECT NUMBER
	5e. TASK NUMBER
	5f. WORK UNIT NUMBER
7. PERFORMING ORGANIZATION NAME(S) AND ADDRESS(ES) **National War College,300 5th Avenue,Fort Lesley J. McNair,Washington,DC,20319-6000**	8. PERFORMING ORGANIZATION REPORT NUMBER
9. SPONSORING/MONITORING AGENCY NAME(S) AND ADDRESS(ES)	10. SPONSOR/MONITOR'S ACRONYM(S)
	11. SPONSOR/MONITOR'S REPORT NUMBER(S)

12. DISTRIBUTION/AVAILABILITY STATEMENT
Approved for public release; distribution unlimited

13. SUPPLEMENTARY NOTES
The original document contains color images.

14. ABSTRACT
see report

15. SUBJECT TERMS

16. SECURITY CLASSIFICATION OF:			17. LIMITATION OF ABSTRACT	18. NUMBER OF PAGES	19a. NAME OF RESPONSIBLE PERSON
a. REPORT **unclassified**	b. ABSTRACT **unclassified**	c. THIS PAGE **unclassified**		**16**	

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Health Crisis in Poland

Introduction:

America's security depends upon the protection and expansion of democracy worldwide. Democratic reform in Central Europe is the best measure to avert conditions that could foster ethnic violence and regional conflict in Europe, potentially challenging a vital American interest, that of European security. Consolidating democratic and economic reforms in Central Europe with integration into European political, economic, and security organizations remains an American priority.[1] Poland's geopolitical position in Central Europe makes it a key player in this process. Poland's success or failure in transition will potentially impact the course of the other Central European states undergoing transition. America must not allow Poland to fail in her transition into a democratic, free-market state.

The health of a population significantly contributes to the stability of a state, both directly through the costs of medical care and disability support and indirectly through the productivity of its workforce and the optimism of its people. Polish health status has suffered during transition. Poland's legacy from communist rule coupled with the economic strains of transition worsened all

measures of health status. Male life expectancy at birth declined by almost one year during transition.[2] In 1990, the country's economic and social troubles produced unhealthy eating habits, unhealthy work conditions, and unhealthy levels of stress.[3] Social instability, in response to economic and health stresses, led to law enforcement officials' growing concern over gang activity.[4] All these indicators are harbingers of potential difficulty for transition success.

The three greatest contributors to poor health status in a population are (1) life style choice, (2) infectious disease, and (3) environmental pollution. America must first understand the magnitude of Poland's health status crisis if she is to assist Poland in her successful transition to a free-market democracy.

Life style issues:

The shock therapy approach to transition, relying on stringent macroeconomic controls, challenges social safety nets. In Poland, this approach gutted state subsidy and welfare programs. The subsequent poverty from economic restructuring coupled with the loss of a social support system produced nutritional inadequacy. In 1992, 70% of children lacked daily fruit and vegetables and 80% lacked regular milk.[5] Poor nutrition during the growth years has well-known long-term impacts. Growth and development are retarded, resistance to infection is decreased, and healing following injury or surgery is delayed, all factors

detrimental to the vitality of a population.

Drug abuse markedly increased with transition. Contributing factors, all associated with transition, include destabilization of traditional social structures, unemployment, urban growth, increased travel, and the allure of Western consumer goods.[6] Poland's young in 1992 had the highest incidence of intravenous drug use of any Eastern European country.[7] Tobacco usage increased, partly in response to the aggressive marketing activities of United States tobacco companies.[8] Alcohol abuse and alcoholism increased.[9] Prostitution increased.[10] All of these life style choices detrimentally affect the health of a society.

Infectious disease:

Infectious diseases are more prevalent in areas of poverty or poor medical resources. Infectious diseases do not respect national borders but rather follow the flow of people. Tuberculosis, a contagious, chronic debilitating disease, flourishes in conditions of poverty and respiratory illness. Poland experienced both with transition, poverty from economic disruption and respiratory illness worsened by air pollution. In 1992, Poland had the dubious distinction of leading Europe in the incidence of tuberculosis,[11] despite up to 40% of cases going

undetected.[12] The presence of multidrug-resistant strains further complicates treatment efforts.

HIV/AIDS has increased since transition began, reaching 13,000 cases (0.06% of the at risk adult population) in 1999. An estimated 25% of HIV infections go unreported, suggesting the situation is actually worse.[13] The transmission character of HIV infection is also changing. While the first reported case of HIV in Poland occurred in a homosexual man in 1986 and the first among an intravenous drug user in 1988,[14] intravenous drug users represented 73% of the infected population by 1992.[15] By 1998, 40% of all drug users entering treatment in the Katowice region were HIV positive.[16] The rate of heterosexual and vertical transmission is unknown although such transmission is known to occur in Poland.[17] Prostitution, frequently associated with intravenous drug usage, has increased along Poland's western border. An increase incidence of sexually transmitted disease in the area further suggests safe sex is not occurring.[18] This raises the specter of further heterosexual HIV transmission, potentially across national borders.

Environmental pollution:

Soviet-bloc rulers claimed they were forming a "new socialist man." The

reality was the opposite. They actually condemned the man and his family to severe lung and heart disease, cancer, and eye and skin ailments.[19] Under the communist system, the health dangers to workers and the environment remained confidential.[20] This legacy of worker injury and environmental pollution is difficult and expensive to correct. Poland has spent 1.8% of its gross domestic product (GDP) to raise environmental standards but will require another 10-15 years to meet the European Union (EU) standards, time which Poland does not have. Poland seeks assistance in correcting these problems. Membership in the EU would enable it to meet environmental goals more quickly. [21]

The degree of contamination is remarkable. In 1992, 60% of Polish rivers were too contaminated for municipal use and 40% of rivers were too contaminated for industrial use. Furthermore 60% of lakes were seriously degraded from sewage and industrial waste contamination and air pollution. In 1992, the government identified twenty-seven zones of ecological hazard, comprising 11.2% of Poland's territory and 35.4% of its population, requiring corrective action. Air pollution levels were among the highest in Europe, with these twenty-seven zones accounting for 80% of emissions.[22]

The impact of this pollution is significant. A study in Katowice and Krakow found concentrations of lead, mercury, cadmium, and other toxic metals in every postpartum placenta. A 1990 study in the Katowice area found 41% of

children have health problems.[23] Most children around Krakow receive treatment for chronic illness by age ten. Prevalent erythrocytemia reflects chronically elevated atmospheric carbon monoxide levels. Elevated blood lead levels, a known growth and neurological development risk factor, are present in children.[24]

The pollution crisis is more than just current emissions from factories. The limited transportation system forces the Krakow population to consume locally grown produce despite its heavy metal contamination.[25] Asbestos contamination is widespread. In Szczucin, asbestos cement, widely used during the communist era to pave roads and playgrounds and build houses and barns, is deteriorating, releasing asbestos fragments. This fragmentation of asbestos exposes the populace to respiratory damage and cancer.[26]

Mortality rates reflect the effect of environmental pollution. In 1990, the infant mortality rate in Poland was 20/1000; for comparison Sweden's rate was 6/1000.[27] Miscarriages, premature births, and low birth weights are common. Illness stalks Krakow steelworkers. Eighty percent retire with disability while few survive past their mid-fifties.[28] Over the decade of the eighties Poland experienced the steepest rate of increase in lung cancer in Europe, a trend that may continue secondary to previous industrial exposure.[29] The effect from the

exposure of shipyard workers to 50-times allowable asbestos levels will not be felt for several decades.[30]

Actions of Poland:

Poland has approached this problem through several avenues. Article 66 of the 1997 Constitution of the Republic of Poland guarantees the right to safe and hygienic conditions of work. Article 68 assures equal access to health care services financed from public funds.[31] In 1998, Poland banned asbestos and instituted asbestos education in the schools. The actual cleanup will be expensive.[32] Polish Labour Code requires employers to provide workers with information about occupational health and safety risks.[33] Unfortunately, this first step awaits institutionalization into Poland's workplaces. A survey of 50 small enterprises in the Warsaw area in 2000 revealed a lack of programs for working condition improvement and little interest in occupational safety.[34] Poland has addressed life style problems in several areas. The tobacco problem was attacked through tax increases and advertising restrictions. Cigarette usage actually declined 7%.[35] By cutting subsidies for, and adding taxes to, fatty foods, Poland has utilized market forces to encourage healthier eating. Polish consumers have responded by shifting to healthier vegetable fats and foods.[36]

Despite the communist system promise of health care to all, the reality was a chronically under-funded system with widespread corruption. This already inadequate system suffered further collapse with transition. Following patient complaints and healthcare worker strikes, Poland restructured its health care delivery system in 1999. All employed people contribute a tax deductible 7.5% of gross salary into sixteen regional medical funds. The state contributes for the unemployed.[37] These "patient" funds cover competing public and private sector systems with patient choice of physicians and facilities. Conceptually under this free-market system hybrid, the best physicians, clinics, and hospitals will survive by earning patient loyalty. For Poland, private medicine represents a guarantee against government oppression although no one speaks of the downsides of spiraling costs or a two-tier system.[38] The success of this privatization program is unknown. Economic compensation for health care workers remains inadequate. In some regions, the switch to private clinics is almost complete although the establishment of private hospitals is lagging.[39] Private health centers tend to be better equipped than state-run centers. The centers receive seven zlotys per month per enrolled patient. At private clinics many patients pay an additional ten zlotys per month to receive priority care. The black market economy still exceeds $350 million annually with cash or gifts [40]

given to physicians at public hospitals by patients seeking better care.

Surveys indicate the reform is not currently popular. Only 9% of the population believe the health care system is functioning better now while 68% believe it has actually further deteriorated.[41]

Despite the challenges, Poland has experienced some success with her efforts. Mortality rates in 1999 have improved. Overall life expectancy has increased to 73 years and infant mortality rate has improved to 15/1000 live births.[42] By comparison, the 1999 life expectancy in the EU was 74.6 for males (versus 69.1 in Poland) and 80.9 for females (versus 77.5 in Poland).[43] Childhood immunization now reaches 95% of one-year old children and trained medical personnel attended 99% of all births.[44]

Although some environment improvement has occurred, it remains a major problem. The choice often becomes one between jobs or pollution control. Air pollution remains serious, especially with sulfur dioxide emissions from coal-fired power plants. Water pollution from industrial and municipal sources is still widespread.[45]

United States Opportunities:

While Poland has made progress in some areas of immediate concern, she lacks the resources to correct the problem within a reasonable timeframe. The United

States must assist in addressing some of the more complex and expensive problems. Poland's nascent 1999 restructured medical system is experiencing growing pains. Evolution will continue in response to domestic pressures although at this time it is too early to predict the ultimate outcome. Economic success is an absolute requirement if adequate funding of the healthcare system and the social support system is to occur.

Economic success tends to improve life style choices as better foods become more affordable. Economic success also tends to decrease selection of adverse behavior patterns such as drug usage and prostitution. These improved life style choices tend to lessen the financial pressures on the health care and disability systems.

America can support Poland's quest to become a successful economic competitor through several means. America can both provide direct aid and influence international organizations such as the World Bank. America must avoid erecting domestic trade barriers towards Polish imports into the United States. America can provide technical and managerial advice to assist Polish industrial development.

The greater challenge is environmental pollution. Poland's transitioning industries lack the technical expertise and financial capital for pollution control much less restoration. The United States can assist by providing clean

technology know how and financial assistance. The Department of Defense (DOD) already possesses a readily available technology resource. The DOD, in response to environmental concerns within the United States, has developed the infrastructure and expertise to offer environmental education, remediation, and restoration of polluted areas. The Military-to-Military Contact Program provides a conduit to transfer this assistance. Direct financial aid to correct some of the more egregious sites of pollution is required. America should both provide direct aid assistance and encourage international organizations such as the World Bank and the EU to provide funds.

America has a significant interest in Poland's successful transition into a prosperous, free-market democratic society. Ignoring her health problems will contribute to a restriction of the productivity of her workers, to increased health costs for both acute problems and chronic disability, and ultimately to limited economic progress. Lack of economic success can contribute to disillusionment of the population, potentially creating a political environment susceptible to manipulation by non-democratic actors. Poland's failure to successfully transition into a viable free-market, democratic state has the potential to hinder the transition of other East Central European states. This could potentially create destabilizing influences on our European allies, especially if Poland's failure contributes to a rise of transnational problems such as illicit drug transit, spread of

infectious diseases, and regional air and water pollution.

Considering the two alternatives, a relatively minor investment now to address the wellbeing of Polish society will pay tremendous dividends in the future.

Questions:

Health care system –

(1) Describe the success of privatization. What is the penetration of private vs. public clinic and hospital facilities? What percentage of physicians elect to participate? Has access improved?
(2) What has happened to medical costs? How do health care workers salaries compare to other Polish workers? To what extent does the underground or black market medical economy continue to exist?
(3) Has the reformed system provided benefit? What has happened to life expectancy? To infant mortality? To public opinion?
(4) What is happening to infection rates? Tuberculosis? HIV?

Life style choices –

(1) What are the dietary choices now being made? Is nutritional adequacy present? What is happening to alcohol and tobacco usage?

(2) What changes have occurred in the usage of intravenous drugs? In treatment programs?

(3) Have emotional stress levels changed? Is the population optimistic?

Environmental concerns –

(1) Are effective worker protective mechanisms now in place?

(2) What improvement has occurred in air and water pollution?

(3) How successful are environmental restoration projects? What programs are in place or envisioned to address residual environmental damage from asbestos? From industrial residue?

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